



ADMINISTRATION FOR
CHILDREN & FAMILIES



EARLY CHILDHOOD SELF-ASSESSMENT TOOL FOR SHELTERS

*A Guide to Support the Safe and Healthy Development of
Young Children in Shelter Settings*



Early Childhood Self-Assessment Tool for Shelters

A Guide to Support the Safe and Healthy Development of Young Children in Shelter Settings

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Introduction

Research indicates that the first 5 years of a child's life are critical to brain development, academic achievement, and outcomes later in life. As such, children and families living in shelters have unique needs, and family shelters can provide these essential services to infants, toddlers, and preschoolers during this difficult time in their lives. As you work to connect families to permanent housing, you can use this tool to ensure that your shelter environment assists the physical, socio-emotional, and intellectual development of children ages 0–5, to support these children through their experience of homelessness. Creating this safe, developmentally appropriate environment will assure that the infants, toddlers, and preschoolers in your shelter have the best possible start to a bright future, as they exit homelessness into permanent housing. The work you are doing to provide the infants, toddlers, and preschoolers who reside at your shelter with a safe and developmentally appropriate experience is vital to the trajectory of their lives.

Background

The Early Childhood Self-Assessment Tool for Family Shelters was originally designed by the Administration for Children and Families (ACF) in 2014. In 2018, the original self-assessment tool was validated by Dr. Sara Shaw as part of her dissertation. Dr. Shaw's research resulted in a redesign of the tool to include input from housing providers that represented the diversity of providers across the country. In 2019, a focus group made up of early childhood professionals, designers of the original instrument, and Dr. Shaw met at Child Care Services Association in Chapel Hill, NC to review the revised tool and complete this version of the self-assessment.

The validated and revised Early Childhood Self-Assessment Tool for Shelters is specifically designed to help shelter staff members create shelter environments that are safe and developmentally appropriate for infants, toddlers, and preschoolers. In this tool, you will find recommendations and information on how your shelter environment, programming, policies, and staff can support early childhood safety and development. Similar tools have been developed and implemented with much success in child care, early learning, and early childhood development settings.

This tool is just one of several resources created to support the healthy and safe development of children experiencing homelessness. Other tools include:

- [Birth to Five: Watch Me Thrive](#), a coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them
- [Developmental Screening Guide for shelter and housing providers](#)
- [Expanding Early Care and Education for Children Experiencing Homelessness](#)
- [Childproofing Checklist for Housing and Homeless Service Providers](#)
- [Early Childhood Homelessness Resources](#)

Additional concerns: Child abuse and domestic violence

We recognize that in the course of working with young children, providers may discover situations of concern within the family. If you suspect a child is being abused or neglected, contact your local Child Protective Service (CPS) or law enforcement agency so professionals can assess the situation. Many states have a toll-free number to call to report suspected child abuse or neglect. To find out where to call, consult the Child Welfare Information Gateway.

If you find that a child is currently part of a family that is experiencing domestic violence, find a safe time and place to speak to the parent. Let her or him know that there is help available by calling **1-800-799-7233**. This National Domestic Violence Hotline provides crisis intervention and can help the parent plan for safety and next steps.

For additional resources, check out Childhelp, a national organization that provides crisis assistance and other counseling and referral services. Call **1-800-4-A-CHILD** (1-800-422-4453). This Childhelp National Child Abuse Hotline is staffed 24 hours a day, 7 days a week, with professional crisis counselors who have access to a database of 55,000 emergency, social service, and support resources. All calls are anonymous.

Why this tool is important

In 2017–2018, 1.4 million children younger than 6 years old (or 1 in 16 children under 6) experienced homelessness.¹ Many of these families will find their way into homeless shelters. These children face a host of barriers that are linked to poor physical, socio-emotional, and intellectual development outcomes.² Supporting the healthy development of young children experiencing homelessness can reduce the prevalence of developmental and behavioral disorders that are associated with high costs and long-term consequences for the housing crisis and for health, mental health, education, child welfare, and justice systems.³ Shelters can be a positive force in the lives of children and mitigate the negative impact that homelessness can have on their development by creating an environment that is safe and developmentally appropriate.

1. Yamashiro, A., & McLaughlin, J. (2020). Early Childhood Homelessness State Profiles 2020, U.S. Department of Education.

2. Bassuk, E. L., Murphy, C., Thompson Coupe, N., Kenney, R. R., & Beach, C. A. (2011). *America's youngest outcasts: 2010*. National Center on Family Homelessness. Needham, MA.; Tumaini, R., Coker, Elliott, M. N., Kanouse, D. E., Grunbaum, J. A., Gilliland, M. J., Tortolero, S. R., Cuccaro, P., & Schuster, M. A. (2009, August). Prevalence, characteristics, and associated health and health care of family homelessness among fifth-grade students. *American Journal of Public Health* 99(8),1446–1452; Bassuk, E. L., Volk, K. T., & Olivet, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal*, 3, 34–40.

3. Johnson, K., & Rosenthal, J. (2009, April). Improving care coordination, case management, and linkages to service for young children: Opportunities for states. Portland, ME: The National Academy for State Health Policy. <http://www.nashp.org/making-the-case#sthash.e4r0aYIK.dpuf>; Reynolds, A., & Temple, J. (2008). Cost-effective early childhood development programs from preschool to third grade. *Annual Review of Clinical Psychology*, 4, 109–139.

Organization of this tool

This tool contains recommendations for making shelter facilities safe and developmentally appropriate for infants, toddlers, and preschoolers in five areas: Health and Safety, Wellness and Development, Workforce Standards and Training, Programming, and Food and Nutrition. Links to resources referenced in the tool are listed at the end of each section, as well as starting on page 32. Also accompanying these recommendations is an action plan form that can be found on page 29 and used by shelter teams to start conversations and develop strategies for change.

Within each of the tool's five sections are multiple tables. In each table you will find one or more items (rows) of criteria to consider and rate. Each section, table, and item is individually numbered. Section A, Health and Safety, focuses on preventing the spread of illnesses through good handwashing and sanitation. The section discusses emergency preparedness and the systems that are in place to document who is in a facility and providing services. Section B, Wellness and Development, considers developmental screenings of young children, referrals for developmental concerns, and how the shelter can support children's development. In Section C, Workforce Standards and Training, the tool offers guidance on background checks and staff training as well as community collaborations. Section D, Programming, examines making connections for families, and supporting positive relationships with clients. Finally, Section E, Food and Nutrition, focuses on food safety considerations, including choking hazards, food allergies, compliance issues, and the storage of breast milk. Each section has multiple tables, each with its own assessment rubric for you to use in your process. Used together, the various tables and sections provide a set of guidelines designed to make your program supportive of families while reducing safety hazards and potential health issues.

How to use this tool

We recommend that shelter staff first use this tool to do an initial assessment of their facility. Work through each section (A–E) and consider each item (row) in each table in each section. Each item is a statement or condition that reflects a best practice designed to support young children in the facility. Using the rubric for that specific table, identify your shelter's level of implementation for each best practice, and mark that box. It is important to note that each table has its own rubric, so you must read each rubric carefully. It is possible that more than one box applies for some items. But because the rubrics are designed to be progressive, select the item that is farthest to the right if you meet all the criteria in the rubric. Once you have selected the most appropriate box, make a note of any action that is needed in the column on the right-hand side of the table. When each item is completed, staff can review all the actions that were noted, and use the form found on page 29 to begin creating your shelter's Action Plan. Shelter staff can use the included resources to identify strategies related to each action needed in order to best provide a safe and developmentally appropriate setting for infants, toddlers, and preschoolers. These strategies can be incorporated into the Action Plan. We also recommend that shelter staff members identify local early childhood education partners, and reach out to those partners to assist them in identifying next steps and potential resources.

We suggest that staff members use this tool to re-evaluate the shelter's progress at least once during the implementation process and once after the process is completed. Because of the complex and changing nature of each family's experience with homelessness, it also may be helpful to consistently engage residents, especially parents with young children, throughout the process of improving the facility's policies and practices related to infants, toddlers, and preschoolers.

This tool is not intended to serve as a comprehensive guide to programming in shelters nor as a guide for ensuring the full education needs of young children. It is simply a mechanism to guide shelter staff as they begin the process to improve the safety and developmental appropriateness of their facility for young children.

Self-Assessment

Section A: Health and Safety

Instructions: Begin your assessment by reading the rubric headings in each column. Note that the rubrics vary by table. Then read the first item (row) in the table, and determine which box to check. The rubrics are designed to be progressive, so select the most right-hand column that applies. Finally, briefly state any needed actions. Then move on to the next item and repeat the process.

A.1. Health and Safety Policies and Practices	We do not do this at this time.	We have a policy in place.	We have a policy that we share with families and post it in a public place.	We have a policy we share, and we monitor implementation of this policy or practice.	Action Needed:
A.1.1. We practice and encourage frequent handwashing .					
A.1.2. We use Universal Precautions to prevent harmful exposure to blood and other bodily fluids to limit the spread of contagious diseases.					
A.1.3. We encourage parents of infants, toddlers, and preschoolers to immunize their children and keep track of those immunizations.					
A.1.4. We have an emergency response plan for a natural disaster.					
A.1.5. We have an emergency response plan for an active threat situation.					
A.1.6. We have an emergency response plan for a child who cannot be found.					
A.1.7. We maintain an appropriate temperature in the shelter.					

A.1. Health and Safety Policies and Practices	We do not do this at this time.	We have a policy in place.	We have a policy that we share with families and post it in a public place.	We have a policy we share, and we monitor implementation of this policy or practice.	Action Needed:
A.1.8. We allow parents with young children to stay inside when needed/ desired.					
A.1.9. We have rules regarding visitation by nonresidents to ensure the safety of residents.					
A.1.10. We mandate that residents sign in and out of the facility.					
A.1.11. We mandate that staff sign in and out of the facility.					
A.1.12. We mandate that volunteers sign in and out of the facility.					
A.1.13. Infants, toddlers, and preschoolers are under the supervision of parents, staff, or volunteers at all times.					
A.1.14. When staff and/or volunteers are supervising children, we consider our state's child care licensing child-staff ratio requirements.					
A.1.15. We encourage parents to always place babies on their backs to sleep for both naps and at night.					

A.1. Health and Safety Policies and Practices	We do not do this at this time.	We have a policy in place.	We have a policy that we share with families and post it in a public place.	We have a policy we share, and we monitor implementation of this policy or practice.	Action Needed:
A.1.16. We always provide a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.					
A.1.17. We encourage parents to keep soft objects, toys, crib bumpers, and loose bedding out of the baby's sleep area.					
A.1.18. We encourage parents to monitor the temperature in their sleep space, and not let their baby overheat.					
A.1.19. We encourage parents to only use pacifiers with no strings attached while their baby sleeps.					
A.1.20. We discuss the dangers of infants co-sleeping with parents.					
A.1.21. We have space available for, and encourage parents to provide their infants with, tummy time.					
A.1.22. We protect against child abuse by having safeguards in place, such as low walls, vision panels, reflective security mirrors, or security cameras where appropriate.					
A.1.23. We have a written policy and procedure and provide training for reporting child abuse.					

A.2. Healthy and Safe Diapering	We do not do this at this time.	We dedicate specific spaces for this purpose.	Policies and procedures are posted at all changing stations.	Policy and procedures are posted in multiple languages.	We monitor the space to ensure it is clean and in good repair.	Action Needed:
A.2.1. We have sanitary diaper-changing stations.						
A.2.2. We have appropriate supplies (e.g., latex gloves, disposable paper liners, bags for soiled diapers, dedicated trash can) available while changing diapers.						
A.2.3. Parents are expected to wash their hands after changing their child's diaper.						
A.2.4. Parents are expected to use the supplied disinfecting spray to clean the area once the diapering process is complete.						

A.3. Parent Feedback	We do not do this at this time.	We encourage parent feedback more generally, but do not specifically ask about concerns around the safety and development of their children.	We encourage parent feedback regarding their children's safety and development.	We incorporate parent feedback on their children's safety and development in our programming and policies.	Action Needed:
A.3.1. We encourage and incorporate parent feedback about our facility's policies on the safety and development of infants, toddlers, and preschoolers.					

A.4. Safety-Proofing All Rooms and Common Spaces for Infants, Toddlers, and Preschoolers	We do not do this at this time.	We do this in some spaces, but not throughout the shelter.	We do this throughout the entire shelter.	We monitor these items to ensure they are working, and we repair or replace any broken or missing parts.	Action Needed:
A.4.1. We have tamper-resistant electrical outlet covers.					
A.4.2. All toxic substances are in locked spaces and are inaccessible to children.					
A.4.3. There are no openings that could entrap a child's head or limbs.					
A.4.4. We have baby gates at the tops and bottoms of stairs/ramps.					
A.4.5. We ensure that all furniture with the potential to tip over (dressers, book shelves, etc.) is bolted to the wall so it does not fall over.					
A.4.6. We keep any item that has the potential to be a choking hazard in a place that is inaccessible to children.					
A.4.7. Hazardous items are kept out of children's reach.					
A.4.8. All sharp edges and corners are covered or protected.					
A.4.9. We have anti-slip mats in tubs and require parents to always be with their young child during a bath.					

A.5. Age-appropriate Health-Related Supplies	We do not have these at this time.	We have these only if the parents provide them. We keep these items in a secure location.	We keep these items stocked and have a policy in place to receive parent approval to provide them to families in case of emergency.	We monitor both our supply of these items and our policy to ensure families' needs are being met.	Action Needed:
A.5.1. EpiPens or other Epinephrine Auto-Injectors are available.					
A.5.2. Children's fever-reducing and anti-itch medicines, as well as quick-read thermometers, are available.					
A.5.3. Adhesive strip bandages are available.					
A.5.4. Baby shampoo and soap are available.					
A.5.5. Toothpaste with fluoride is available.					
A.5.6. Baby/child sunscreen					



A.6. Accessing Health Services	We do not do this at this time.	We publicly post and/or otherwise provide this information to parents.	Case managers and other shelter staff encourage parents to make connections as needed.	Information/services are monitored and updated to ensure families' needs are being met.	Action Needed:
A.6.1. We help parents connect infants, toddlers, and preschoolers to their medical care providers, doctors, or clinics.					
A.6.2. We provide/support transportation for young children to and from appointments with their medical care providers, doctors, or clinics.					
A.6.3. We help connect parents to medical care providers.					
A.6.4. We have developed relationships with a local federally qualified health center (FQHC), or other clinics that accept families of limited means.					

Resources referenced in this section

- Hand Washing
www.cdc.gov/features/handwashing/
- Universal Precautions
<https://nrckids.org/CFOC/Database/3.2.3.4>
- Immunization Schedules for Infants and Children
www.cdc.gov/vaccines
- Emergency Response
https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1029&context=csp_pubs
- Child Care Licensing Regulations by State
<https://childcare.gov/>
- Safe Sleep Practices
<https://www.nichd.nih.gov/health/topics/sids/conditioninfo/reduce>
- Sanitary Diaper Changing
<http://nrckids.org/CFOC/Database/3.2.1.4>
- Bathtub Safety
<https://nrckids.org/CFOC/Database/5.4.3.2>
- Federally Qualified Health Center Listings by State
https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/

Self-Assessment

Section B: Wellness and Development

Instructions: Begin your assessment by reading the rubric headings in each column. Note that the rubrics vary by table. Then read the first item (row) in the table, and determine which box to check. The rubrics are designed to be progressive, so select the most right-hand column that applies. Finally, briefly state any needed actions. Then move on to the next item and repeat the process.

B.1. Screening	We do not do this at this time.	We make referrals for screenings based on the children's needs.	We provide this service to all children under age 5.	Based on screening results, we refer families to ChildFind or other programs as needed.	Action Needed:
B.1.1. We <u>screen</u> all infants, toddlers, and preschoolers for developmental delays using a developmental screening tool.					



B.2. Referrals	We do not do this at this time.	We have a policy in place.	We have a policy in place and provide parents with this information.	We encourage families to discuss concerns with their case manager and monitor implementation of this policy.	Action Needed:	
B.2.1. We offer referrals to special education services covered under the Individuals with Disabilities Education Act , such as speech therapy, physical therapy, and special education, as needed.						
B.2.2. We offer referrals to infants, toddlers, and preschoolers for such additional services as mental health, and home visiting programs (e.g., Early Head Start, Nurse-Family Partnership, Parents as Teachers, Healthy Families America, etc.).						
B.2.3. We follow a schedule that allows infants, toddlers, and preschoolers to attend child care, Head Start programs, or receive early intervention services.						
B.3. Breast Feeding	We do not do this at this time.	We dedicate specific spaces for this purpose.	The dedicated space has a comfortable chair and a table.	Policy and procedures are posted in multiple languages.	We monitor the space to ensure it is clean and in good repair.	Action Needed:
B.3.1. We have a private space for breastfeeding (that is not a bathroom) where mothers can choose to nurse or pump milk.						
B.3.2. Mothers are not required to breastfeed in a private space, and may choose to nurse in any public space.						

B.4. Enrolling Families in Early Learning Programs	We do not do this at this time.	We publicly post and/or provide families with enrollment information.	We refer families to this program.	We encourage families to enroll in this program and help address barriers to enrollment.	Action Needed:
B.4.1. We support families in connecting with child care subsidy programs (local, state, and federal programs that help low-income families pay their child care fees).					
We support families efforts to enroll in the following types of early learning programs:					
B.4.2. Head Start programs					
B.4.3. Early Head Start programs					
B.4.4. Child care programs					
B.4.5. Early Intervention services for young children with disabilities					
B.4.6. Other early care and learning programs					

B.5. Toys and Materials	We do not do this at this time.	We have these only if parents provide them.	We keep these items available to families and have a policy posted regarding cleaning and maintaining these items.	We monitor these items and replace those that are in need of repair or are damaged.	Action Needed:
B.5.1. We have and maintain age- and developmentally appropriate toys and materials .					
B.5.2. We remove toys from play areas once they have been in one infant's mouth, and have a cleaning and sanitizing process and schedule for toys.					
B.5.3. We monitor the Consumer Product Safety Commission's list of recalled toys and baby equipment on a regular basis.					



B.6. The Following Spaces Are Available for Parents to Spend Time With Infants, Toddlers, and Preschoolers:	We do not do this at this time.	We have this space available for families.	We ensure this space is family friendly by having adult and child furnishings, materials, and supplies, etc.	We have this family-friendly space available and a policy regarding the cleaning and maintenance of the space.	Action Needed:
B.6.1. Indoor play space					
B.6.2. Outdoor play space					
B.6.3. Dining space					

Resources referenced in this section

- Developmental Screening for Housing and Homeless Service Providers
https://www.acf.hhs.gov/sites/default/files/ecd/shelter_screening_guide.pdf
- https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf
- Individual with Disabilities Education Act Coordinators and Referral website
<https://ectacenter.org/search/mapfinder.asp>
- Home Visiting Resources
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>
- Head Start and Early Head Start Programs
<https://eclkc.ohs.acf.hhs.gov/center-locator>
- Child Care Programs
<https://childcare.gov/>
- Early Intervention
<https://ectacenter.org/search/mapfinder.asp>
- Toys and Materials for Young Children
<https://www.naeyc.org/resources/topics/play/toys>
- Cleaning, Sanitizing and Disinfecting Children's Toys
<https://nrckids.org/CFOC/Database/3.3.0.2>
- Equipment and Toy Recalls- Consumer Product Safety Commission
<https://saferproducts.gov/Default.aspx>

Self-Assessment

Section C: Workforce Standards and Training

Instructions: Begin your assessment by reading the rubric headings in each column. Note that the rubrics vary by table. Then read the first item (row) in the table, and determine which box to check. The rubrics are designed to be progressive, so select the most right-hand column that applies. Finally, briefly state any needed actions. Then move on to the next item and repeat the process.

C.1. Background Checks and Staff Training	We do not do this at this time.	We do this, but not on a regular basis.	We do this with some on a regular basis but not all.	We do this with all on a regular basis.	Action Needed:
C.1.1. We run background checks on all staff to ensure they pass all child abuse clearances.					
C.1.2. We run background checks on all volunteers to ensure they pass all child abuse clearances.					
We train staff on:					
C.1.3. Child development and the effects of homelessness on young children					
C.1.4. Recognizing and responding to adverse drug or allergic reactions					
C.1.5. Recognizing and responding to domestic violence					
C.1.6. Trauma-informed care					
C.1.7. Building responsive relationships					
C.1.8. CPR and First Aid for infants, toddlers, and preschoolers					
C.1.9. Others, as needed					

C.2. Collaborations: We Work Together with the Following Early Learning Programs:	We do not do this at this time.	We have a procedure in place to collaborate with this program.	We collaborate with this program on an as-needed basis.	We regularly communicate with and collaborate with this program.	Action Needed:
C.2.1. Head Start programs					
C.2.2. Early Head Start programs					
C.2.3. Child care programs					
C.2.4. Early Intervention and disability services for young children with disabilities					
C.2.5. Other early care and learning programs					

C.3. Collaboration: McKinney-Vento	We do not do this at this time.	We provide information about this resource and post contact information in a public place.	We collaborate with this resource on an as-needed basis.	We regularly communicate with and collaborate with this resource.	Action Needed:
C.3.1. We work with our local McKinney-Vento Homeless Education Liaison .					

Resources referenced in this section

- Child Development
<https://www.cdc.gov/ncbddd/childdevelopment/index.html>
- Recognizing and Responding to Domestic Violence
<https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers>
- Trauma Informed Care
<https://www.nctsn.org/trauma-informed-care>
- Building Responsive Relationships
<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>
- Head Start and Early Head Start Programs
<https://eclkc.ohs.acf.hhs.gov/center-locator>
- Child Care Programs
<https://childcare.gov/>
- Individual with Disabilities Education Improvement Act (IDEA) Part C (for infants and toddlers) and Part B (preschoolers) - Coordinators and Referral website
<https://ectacenter.org/search/mapfinder.asp>
- State Coordinators for McKinney-Vento Homeless Education
<https://nche.ed.gov/>



Self-Assessment

Section D: Programming

Instructions: Begin your assessment by reading the rubric headings in each column. Note that the rubrics vary by table. Then read the first item (row) in the table, and determine which box to check. The rubrics are designed to be progressive, so select the most right-hand column that applies. Finally, briefly state any needed actions. Then move on to the next item and repeat the process.

D.1. We Encourage and Support Family Connections with:	We do not do this at this time.	We publicly post, or provide information to families about this program.	We refer families to this program.	We support families with enrollment in this program and address any barriers to enrollment.	Action Needed:
D.1.1. Individuals with Disabilities Education Act programs					
D.1.2. Temporary Assistance for Needy Families					
D.1.3. Low-Income Home and Energy Assistance Program					
D.1.4. Public Schools					
D.1.5. Supplemental Nutrition Assistance Program					
D.1.6. Women, Infants, and Children					
D.1.7. Summer Food Service Program					
D.1.8. Children's Health Insurance Program and Medicaid					

D.2. Classes in the Following Topics Are Offered for Parents of Young Children, and Attendance Is Not Required:	We do not do this at this time.	We offer this class on an irregular basis.	We offer this class on a regular basis.	We offer this class and incorporate parent feedback into the development of future classes.	Action Needed:
D.2.1. Parenting infants, toddlers, and preschoolers					
D.2.2. Reading with infants, toddlers, and preschoolers					
D.2.3. Nutrition					
D.2.4. Building responsive relationships					
D.2.5. Other					

D.3. Home Visiting Services	We do not do this at this time.	We provide meeting space for families who are already connected to services.	We publicly post or provide families with information about home visiting programs and provide space within the shelter for visits to occur.	We collaborate with and refer families to home visiting services and provide space within the shelter for visits to occur.	Action Needed:
D.3.1. We encourage participation in home visiting services such as those provided by Early Head Start programs, Nurse-Family Partnership, Parents as Teachers, HIPPY, etc.					

D.4. Keeping Parents Informed	We do not do this at this time.	We post/share all policies, procedures, and programming information in public places and encourage feedback.	We post policies, procedures, and programming information in multiple languages.	We encourage and incorporate parent feedback into our programming and policies.	Action Needed:
D.4.1. Policies, procedures, rules, programming information, and feedback processes regarding infants, toddlers, and preschoolers are posted publicly, or a copy of this information is provided to each family.					

D.5. Parent Engagement	We do not do this at this time.	Staff receive training on working effectively with families.	Staff are expected and encouraged to build responsive relationships with families.	Explicit efforts are made to be an inclusive and welcoming program.	Action Needed:
D.5.1. We respect parents and encourage them to be their children's advocates.					
D.5.2. Staff respect parents' ideas and voices.					
D.5.3. Staff maintain professional boundaries with all family members.					
D.5.4. The shelter is a welcoming environment where diversity is valued.					

Resources referenced in this section

- Individual with Disabilities Education Act (IDEA)—
Coordinators and Referral website for Part C (infants and toddlers) and Part B (preschoolers)
<https://ectacenter.org/search/mapfinder.asp>
- Temporary Assistance to Needy Families (TANF)
<https://www.acf.hhs.gov/ofa/help>
- Low Income Home Energy Assistance Program (LIHEAP)
<https://www.acf.hhs.gov/ocs/liheap-state-and-territory-contact-listing>
- Public Education
<https://www2.ed.gov/programs/homeless/index.html>
- Supplemental Nutrition Assistance Program (SNAP)
<https://www.fns.usda.gov/snap/facts>
- Women Infants and Children Program (WIC)
<https://www.fns.usda.gov/wic/about-wic-how-wic-helps>
- Summer Food Service Program
<https://www.fns.usda.gov/sfsp/summer-food-service-program>
- Children's Health Insurance Program (CHIP)
<https://www.medicaid.gov/chip/index.html>
- Building Responsive Relationships
<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>
- Home Visiting for Each State
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>
- Professional Boundaries
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Welcoming Environment
<https://www.homelesshub.ca/resource/come-creating-safe-and-welcoming-environment>

Self-Assessment

Section E: Food and Nutrition

Instructions: Begin your assessment by reading the rubric headings in each column. Note that the rubrics vary by table. Then read the first item (row) in the table, and determine which box to check. The rubrics are designed to be progressive, so select the most right-hand column that applies. Finally, briefly state any needed actions. Then move on to the next item and repeat the process.

E.1. Food Safety: Compliance	We do not do this at this time.	We provide food and have policies around food safety.	We monitor policies related to food safety and compliance with all applicable standards.	We are audited by a government agency for food safety standards.	Action Needed:
E.1.1. We comply with local, state, and federal food safety standards.					

E.2. Food Safety: Choking Prevention	We do not offer food to families at this time.	We provide food and we educate families about potential choking hazards, but they are responsible for ensuring their children do not consume these foods.	We have alternative meal options for infants, toddlers, and preschoolers that do not include choking hazards. Families must request those meals.	We have a meal plan that takes into account each resident's age, and we provide age-appropriate meals to everyone.	Action Needed:
E.2.1. We do not serve foods that are choking hazards to infants, toddlers, or preschoolers (e.g., hot dogs, grapes, peanut butter, popcorn, etc.).					

E.3. Food Safety: Water	We do not do this at this time.	Drinking water is always available at various locations on the premises.	Staff encourage children and families to consume water regularly.	Tap water has been tested for lead, and steps (if needed) have been taken to remedy high levels.	Action Needed:
E.3.1. Our residents always have access to safe drinking water.					

E.4. Food Safety: Food Allergies	We do not do this at this time.	At intake, parents are asked about food allergies of all family members, and the information is recorded in a food allergy log.	Staff monitor and review the food allergy log regularly. The information is updated regularly, including whenever a new family enrolls.	We provide snacks and meals with attention to everyone's dietary restrictions.	Action Needed:
E.4.1. We identify and maintain records of food allergies and other special dietary needs of infants, toddlers, and preschoolers.					

E.5. Food Safety: Heating Baby Bottles	We do not do this at this time.	We publicly post or provide families with information about bottle-warming practices.	We have a policy in place, and post the policy and procedures in public places for parents, staff, and volunteers.	We monitor our policy and procedures to ensure proper implementation.	Action Needed:
E.5.1. We warm bottles with warm tap water or bottle warmers and never use the microwave for warming.					

E.6. Child and Adult Care Food Program (CACFP)	We do not offer food to families at this time.	We offer food but do not participate in the Child and Adult Care Food Program.	We participate in the Child and Adult Care Food Program.	We encourage parent feedback on meal planning and incorporate suggestions when possible.	Action Needed:
E.6.1. We take advantage of the Child and Adult Care Food Program (CACFP) .					

E.7. Food Availability	We do not offer food to families at this time.	We occasionally offer these foods to families.	When available, we provide these items to families.	We keep a supply of these items and have them readily available to families.	Action Needed:
E.7.1. We always have a supply of formula, baby food, and age-appropriate nutritious snacks available to parents of infants, toddlers, and preschoolers.					

E.8. Use CDC Guidelines for Storing Breast Milk	We do not do this at this time.	We have a policy and procedures in place for nursing mothers.	We share the policy and procedures with families and post them in public places.	We monitor implementation of the policy and the procedures.	Action Needed:
E.8.1. We provide parents with clean storage containers for breast milk (e.g., screw-cap bottles, hard plastic caps, heavy-duty bags that fit into a bottle).					
E.8.2. We provide refrigerator and/or freezer space for storing breast milk; this space is easily accessible and safe for breastfeeding mothers.					
E.8.3. We clearly label all breast milk with the date and name of the parent.					
E.8.4. We provide parents with information on the proper storage of breast milk , including the length of time it should be stored and at what temperature.					

Resources referenced in this section

- Food Safety
https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics/ct_index
- Choking Hazards
<https://www.cdc.gov/nutrition/InfantandToddlerNutrition/foods-and-drinks/choking-hazards.html>
- Food Allergies
<https://www.cdc.gov/healthyschools/foodallergies/>
- Child and Adult Care Food Program (CACFP)
<https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
- Age Appropriate Nutrition
<https://www.acf.hhs.gov/ecd/age-appropriate-nutrition>
- Storage and Preparation of Breast Milk
https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Action plan for creating a safe, developmentally appropriate environment for young children

It is suggested that a team of shelter facility staff convene to review the results of the assessment. Look at the list of actions needed that are found in the right-hand column of the assessment tables. Consider such things as immediate needs, long-term needs, and available resources to prioritize these actions. Write a specific goal for what needs to be accomplished, and then complete the remaining Action Plan. It is recommended that local early childhood experts be engaged to help shelter staff prioritize and identify potential resources.

Goal: _____

Action Steps	Timeline	Person(s) Involved	Resources Needed

Signature of Shelter Operator/Staff: _____

Thank you for making a difference

In addition to implementing the above recommendations, you can continue to play an important, positive role in the lives of countless young children by passing this tool along to other shelters and publicizing the need for early childhood-specific practices in homeless services throughout your community. A Continuum of Care coordinates homeless service delivery. If you aren't already involved in your community's [Continuum of Care](#), please become involved. And reach out to your [Local Emergency Food and Shelter Program Board](#), which provides funding for temporary shelter and food services. Both are great places to advocate for young children experiencing homelessness.

Children have different paths into and out of homelessness, and their experience while homeless can vary. We know, however, that shelter conditions are an important factor in moderating the impact of homelessness for a child.¹ This Self-Assessment Tool was validated to provide additional supports to help you think about your shelter's environment and supports. Thank you for improving the lives of young children and their parents experiencing homelessness in your community.

1. Buckner, J. C. (2008, February). Understanding the impact of homelessness on children: Challenges and future research directions. *American Behavioral Scientist*, 51(6), 721–736. <https://doi.org/10.1177/0002764207311984>



Acknowledgments for the original tool

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- ACF Office of the Acting Assistant Secretary
- ACF Office of the Deputy Assistant Secretary for Early Childhood Development
- ACF Office of Head Start
- ACF Office of Child Care
- ACF Family & Youth Services Bureau, Family Violence Prevention & Services Program
- U.S. Department of Education (OESE and OSEP)
- U.S. Department of Housing and Urban Development
- United States Interagency Council on Homelessness
- National Alliance to End Homelessness
- National Center for Homeless Education
- National Association for the Education of Homeless Children and Youth
- Ounce of Prevention Fund
- Bill Emerson Hunger Fellowship Program

We would also like to acknowledge Grace Whitney, Ph.D., MPA, former director of the Connecticut Head Start State Collaboration Office and currently director of Early Childhood Initiatives for SchoolHouse Connection. She provided background and research on the Connecticut Head Start-Family Shelter Partnership Project that was the basis for this resource. We also thank Joe Willard, Vice President for Policy at the People's Emergency Center and the BELL (Building Early Learning Links) project, for their use of the tool in their work.

Acknowledgments for the validated tool

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Appendix of resources

Background

Birth to Five: Watch Me Thrive

<https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive>

Developmental Screening Guide for Shelter and Housing Providers

https://www.acf.hhs.gov/sites/default/files/ecd/shelter_screening_guide.pdf

Expanding Early Care and Education for Children Experiencing Homelessness

<https://www.acf.hhs.gov/ecd/interagency-projects/ece-services-for-homeless-children>

Childproofing Checklist for Housing and Homeless Service Providers

<https://www.schoolhouseconnection.org/childproofing-checklist-for-housing-and-homeless-service-providers/>

Early Childhood Homelessness Resources

<https://www.childcareservices.org/early-childhood-homelessness-resources/>

Self-Assessment Tool

Section A: Health and Safety

Hand Washing

www.cdc.gov/features/handwashing/

Universal Precautions

<https://nrckids.org/CFOC/Database/3.2.3.4>

Immunization Schedules for Infants and Children

www.cdc.gov/vaccines

Emergency Response

https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1029&context=csp_pubs

Child Care Licensing Regulations by state

<https://childcare.gov/>

Safe Sleep Practices

<https://www.nichd.nih.gov/health/topics/sids/conditioninfo/reduce>

Sanitary Diaper Changing

<http://nrckids.org/CFOC/Database/3.2.1.4>

Bathtub Safety

<https://nrckids.org/CFOC/Database/5.4.3.2>

Federally Qualified Health Center listings by state

https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/

Self-Assessment Tool

Section B: Wellness and Development

Developmental Screening for Housing and Homeless Service Providers

https://www.acf.hhs.gov/sites/default/files/ecd/shelter_screening_guide.pdf

https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf

Individual with Disabilities Education Act Coordinators and Referral website

<https://ectacenter.org/search/mapfinder.asp>

Home Visiting Resources

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>

Head Start and Early Head Start Programs

<https://eclkc.ohs.acf.hhs.gov/center-locator>

Child Care Programs

<https://childcare.gov/>

Early Intervention

<https://ectacenter.org/search/mapfinder.asp>

Toys and Materials for Young Children

<https://www.naeyc.org/resources/topics/play/toys>

Cleaning, Sanitizing and Disinfecting Children's Toys

<https://nrckids.org/CFOC/Database/3.3.0.2>

Equipment and Toy Recalls—Consumer Product Safety Commission

<https://saferproducts.gov/Default.aspx>

Self-Assessment Tool

Section C: Workforce Standards and Training

Child Development

<https://www.cdc.gov/ncbddd/childdevelopment/index.html>

Recognizing and Responding to Domestic Violence

<https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers>

Trauma Informed Care

<https://www.nctsn.org/trauma-informed-care>

Building Responsive Relationships

<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>

Head Start and Early Head Start Programs

<https://eclkc.ohs.acf.hhs.gov/center-locator>

Child Care Programs

<https://childcare.gov/>

Individual with Disabilities Education Act (IDEA) Part C (for infants and toddlers) and Part B (preschoolers)—Coordinators and Referral website

<https://ectacenter.org/search/mapfinder.asp>

State Coordinators for McKinney-Vento Homeless Education

<https://nche.ed.gov/>

Self-Assessment Tool

Section D: Programming

Individual with Disabilities Education Act (IDEA)—Coordinators and Referral website for Part C (infants and toddlers) and Part B (preschoolers)
<https://ectacenter.org/search/mapfinder.asp>

Temporary Assistance to Needy Families (TANF)
<https://www.acf.hhs.gov/ofa/help>

Low Income Home Energy Assistance Program (LIHEAP)
<https://www.acf.hhs.gov/ocs/liheap-state-and-territory-contact-listing>

Public Education
<https://www2.ed.gov/programs/homeless/index.html>

Supplemental Nutrition Assistance Program (SNAP)
<https://www.fns.usda.gov/snap/facts>

Women Infants and Children Program (WIC)
<https://www.fns.usda.gov/wic/about-wic-how-wic-helps>

Summer Food Service Program
<https://www.fns.usda.gov/sfsp/summer-food-service-program>

Children's Health Insurance Program (CHIP)
<https://www.medicaid.gov/chip/index.html>

Building Responsive Relationships
<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>

Home Visiting for Each State
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>

Professional Boundaries
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Welcoming Environment
<https://www.homelesshub.ca/resource/come-creating-safe-and-welcoming-environment>

Self-Assessment Tool

Section E: Food and Nutrition

Food Safety

https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics/ct_index

Choking Hazards

<https://www.cdc.gov/nutrition/InfantandToddlerNutrition/foods-and-drinks/choking-hazards.html>

Food Allergies

<https://www.cdc.gov/healthyschools/foodallergies/>

Child and Adult Care Food Program (CACFP)

<https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

Age Appropriate Nutrition

<https://www.acf.hhs.gov/ecd/age-appropriate-nutrition>

Proper Storage and Preparation of Breast Milk

https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Making a difference

Continuum of Care

<https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId=>

Local Emergency Food and Shelter Program Board

<https://www.efsp.unitedway.org/efsp/website/websiteContents/index.cfm?template=fundedLROAwardByPhase.cfm>

ADMINISTRATION FOR
CHILDREN & FAMILIES

